

NASET - RTI Roundtable

Issue #1

What is Responsiveness to Intervention (RTI)?

The Responsiveness to Intervention (RTI) process is a multi-tiered approach to providing services and interventions to struggling learners at increasing levels of intensity. RTI can be used for making decisions about general, compensatory, and special education, creating a well-integrated and seamless system of instruction and intervention guided by child outcome data. RTI calls for early identification of learning and behavioral needs, close collaboration among teachers and special education personnel and parents, and a systemic commitment to locating and employing the necessary resources to ensure that students make progress in the general education curriculum. RTI is an initiative that takes place in the general education environment.

The National Research Center on Learning Disabilities (NRCLD, 2006) defines RTI as:

“...an assessment and intervention process for systematically monitoring student progress and making decisions about the need for instructional modifications or increasingly intensified services using progress monitoring data.”

RTI is an integrated approach to service delivery that encompasses general, remedial and special education through a multi-tiered service delivery model. It utilizes a problem-solving framework to identify and address academic and behavioral difficulties for all students using scientific, research-based instruction. Essentially, RTI is the practice of: (a) providing high-quality instruction/intervention matched to all students needs and (b) using learning rate over time and level of performance to (c) make important educational decisions to guide instruction (National Association of State Directors of Special Education, 2005). RTI practices are proactive, incorporating both prevention and intervention and is effective at all levels from early childhood through high school.

What is the Purpose of RTI?

RTI is intended to reduce the incidence of “instructional casualties” by ensuring that students are provided high quality instruction with fidelity. By using RTI, districts can provide interventions to students as soon as a need arises. This is very different, for example, from the methods associated with the aptitude achievement discrepancy models traditionally utilized for SLD identification which have been criticized as a “wait to fail” approach.

IDEA 2004 allows the use of a student’s “response to scientific, research-based intervention” (20 U.S.C 1414 (B)(6)(A)) as part of an evaluation. Response to intervention (RTI) functions as an alternative for learning disability (LD) evaluations within the general evaluation requirements of IDEA 2004. The statute continues to include requirements that apply to all disability categories, such as the use of validated, non biased methods, and evaluation in all suspected areas of difficulty. IDEA 2004 adds a new concept in eligibility that prohibits children from being found eligible for special education if they have not received instruction in reading that includes the

five essential components of reading instruction identified by the Reading First Program. These requirements are those recognized by the National Reading Panel: phonemic awareness, phonics, reading fluency (including oral reading skills), vocabulary development, and reading comprehension strategies. RTI is included under this general umbrella. By using RTI, it is possible to identify students early, reduce referral bias, and test various theories for why a child is failing. It was included in the law specifically to offer an alternative to discrepancy models.

A key element of an RTI approach is the provision of early intervention when students first experience academic difficulties, with the goal of improving the achievement of all students, including those who may have LD. In addition to the preventive and remedial services this approach may provide to at-risk students, it shows promise for contributing data useful for identifying LD. Thus, a student exhibiting (1) significantly low achievement and (2) insufficient RTI may be regarded as being at risk for LD and, in turn, as possibly in need of special education and related services. The assumption behind this paradigm, which has been referred to as a dual discrepancy (L. S. Fuchs, Fuchs, & Speece, 2002), is that when provided with quality instruction and remedial services, a student without disabilities will make satisfactory progress.

The concept of RTI has always been the focus of the teaching/learning process and a basic component of accountability in general education: In other words, does instruction (i.e., strategies, methods, interventions, or curriculum) lead to increased learning and appropriate progress? In the past few years, RTI has taken on a more specific connotation, especially in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004),² as an approach to remedial intervention that also generates data to inform instruction and identify students who may require special education and related services. Today, many educators, researchers, and other professionals are exploring the usefulness of an RTI approach as an alternative that can provide (1) data for more effective and earlier identification of students with LD and (2) a systematic way to ensure that students experiencing educational difficulties receive more timely and effective support (Gresham, 2002; Learning Disabilities Roundtable, 2002, 2005; National Research Council, 2002; President's Commission on Excellence in Special Education, 2002).

Why is RTI Important?

According to current early reading research, all except a very few children can become competent readers by the end of the third grade. RTI is a process that provides immediate intervention to struggling students at the first indication of failure to learn. Through systematic screening of all students in the early grades, classroom teachers identify those who are not mastering critical reading skills and provide differentiated intervention to small groups of students. Continuous progress monitoring of students' responses to those interventions allows teachers to identify students in need of additional intervention and to adjust instruction accordingly.

Response to Intervention is about building better readers in the early grades and consists of multi-tiered reading instruction in the general education classroom. In an RTI model, ALL students receive high quality reading instruction and struggling readers receive additional and increasingly more intense intervention. Early intervention and prevention of reading difficulties are fundamental to the process. However, if a student's learning history and classroom

performance warrant, a multidisciplinary team may determine the student has a disability and needs special education services to ensure continued and appropriate academic progress.

Three major developments concerning the education of students with learning problems have coalesced to establish RTI as a promising approach. First, long-standing concerns about the inadequacies of the ability–achievement discrepancy criterion—which was a component of the Individuals with Disabilities Education Act of 1997 for identifying LD—have accentuated the need to develop alternative mechanisms for the identification of LD. At the LD Summit of August 2001, sponsored by the Office of Special Education Programs, RTI was the alternative proposed by several researchers (e.g., Gresham, 2002; Marston, 2001).

Second, special education has been used to serve struggling learners who do not have LD or other disabilities. An RTI approach has been suggested as a way to reduce referrals to special education by providing well-designed instruction and intensified interventions in general education, thereby distinguishing between students who perform poorly in school due to factors such as inadequate prior instruction from students with LD who need more intensive and specialized instruction.

A third major reason for the increased interest in an RTI approach has been the abundance of recent research on reading difficulties, in particular, the national network of research studies coordinated by the National Institute of Child Health and Human Development (NICHD). A number of NICHD research studies have demonstrated that well-designed instructional programs or approaches result in significant improvements for the majority of students with early reading.

What Are Other Benefits of RTI?

An RTI approach, with its focus on student outcomes, may increase accountability for all learners within general education whether or not they are eventually referred for special education and related services. An RTI approach promotes collaboration and shared responsibility among general educators, special educators, teachers of English language learners, related service personnel, administrators, and parents.

In addition to these general education benefits, proponents of an RTI approach cite several other potential benefits:

1. Earlier identification of students by means of a problem-solving approach rather than by an ability–achievement discrepancy formula. An RTI approach has the potential to eliminate the “wait to fail” situation that occurs when an ability–achievement discrepancy formula is used to determine whether a student qualifies as having LD. When a psychometric formula is used to establish the discrepancy criterion, it is difficult to identify students as having LD until at least the third grade. Under an RTI approach, students may receive specialized interventions at a much earlier point in their schooling, and considerably in advance of any determination of special education eligibility (Vaughn & Fuchs, 2003).

2. Reduction in the number of students referred for special education and related services. One goal of an RTI approach is to distinguish students whose achievement problems are due to LD or other disabilities that require special education and related services from the larger group

of students with achievement problems due to other causes. By providing appropriate instruction for students at risk as well as for those with LD, an RTI approach has the potential to reduce the number of students referred for special education and related services (see Deno, Grimes, Reschly, & Schrag, 2001; Ikeda & Gustafson, 2002; Tilly, Grimes, & Reschly, 1993).

3. Reduction in the over identification of minority students. The RTI approach shows promise for reducing the bias in the assessment of students from culturally and linguistically diverse backgrounds, and for providing a positive impact on the disproportionate placement of African-American students in special education. Marston, Muyskens, Lau, and Canter, 2003, noted a reduction in both the number of African-American students referred for evaluation and the number placed in special education over a 4-year period in the Minneapolis Public Schools when an RTI approach was used. Attention to and concern about possible bias is reflected in IDEA 2004, which requires that states not only keep track of how many minority students are being identified for special education, but also provide “comprehensive, coordinated, early-intervention programs” for students in groups that are determined to be overrepresented.

4. Provision of more instructionally relevant data than traditional methods of identification. An RTI approach emphasizes progress monitoring through the use of curriculum-based or classroom-based assessment, student portfolios, teacher observations, and criterion-referenced standard achievement measures. Thus, if a child is eventually identified as having LD, instructionally relevant information, whether it indicates what did not work or what has not yet been tried, will be available to guide the team in developing the student’s individualized education program (IEP).

Is RTI a “New Approach”?

RTI is not a new approach. It is recognizable under other names such as dynamic assessment, diagnostic teaching, and precision teaching. Those terms, however, have been applied to approaches used to maximize student progress through sensitive measurement of the effects of instruction. RTI applies similar methods to draw conclusions and make LD classification decisions about students. The underlying assumption is that using RTI will identify children whose intrinsic difficulties make them the most difficult to teach. Engaging a student in a dynamic process like RTI provides an opportunity to assess various hypotheses about the causes of a child’s difficulties, such as motivation or constitutional factors like attention.

What are the Core Principles of RTI?

RTI is comprised of seven core principles that represent recommended RTI practices (Mellard, 2003). These principles represent systems that must be in place to ensure effective implementation of RTI systems and establish a framework to guide and define the practice.

1. Use all available resources to teach all students. RTI practices are built on the belief that all students can learn. One of the biggest changes associated with RTI is that it requires educators to shift their thinking: from the student--- to the intervention. This means that the initial evaluation no longer focuses on “what is wrong with the student.” Instead, there is a shift to an examination of the curricular, instructional, and environmental variables that change inadequate learning

progress. Once the correct set of intervention variables have been identified, schools must then provide the means and systems for delivering resources so that effective teaching and learning can occur. In doing so, schools must provide resources in a manner that is directly proportional to students' needs. This will require districts and schools to reconsider current resource allocation systems so that financial and other support structures for RTI practices can be established and sustained.

2. Use scientific, research-based interventions/instruction. The critical element of RTI systems is the delivery of scientific, research-based interventions with fidelity in general, remedial and special education. This means that the curriculum and instructional approaches must have a high probability of success for the majority of students. By using research-based practices schools efficiently use time and resources and protect students from ineffective instructional and evaluative practices. Since instructional practices vary in efficacy, ensuring that the practices and curriculum have demonstrated validity is an important consideration in the selection of interventions. With the absence of definitive research, schools should implement promising practices, monitor the effectiveness and modify implementation based on the results.

3. Monitor classroom performance. General education teachers play a vital role in designing and providing high quality instruction. Furthermore they are in the best position to assess students' performance and progress against grade level standards in the general education curriculum. This principle emphasizes the importance of general education teachers in monitoring student progress rather than waiting to determine how students are learning in relation to their same-aged peers based on results of state-wide or district-wide assessments.

4. Conduct universal screening/benchmarking. School staff conduct universal screening in all core academic areas and behavior. Screening data on all students can provide an indication of an individual student's performance and progress compared to the peer group's performance and progress. These data form the basis for an initial examination of individual and group patterns on specific academic skills (e.g., identifying letters of the alphabet or reading a list of high frequency words) as well as behavior skills (e.g., attendance, cooperation, tardiness, truancy, suspensions, and/or disciplinary actions). Universal screening is the least intensive level of assessment completed within a RTI system and helps educators and parents identify students early who might be "at-risk." Since screening data may not be as reliable as other assessments, it is important to use multiple sources of evidence in reaching inferences regarding students "at risk."

5. Use a multi-tier model of service delivery. A RTI approach incorporates a multitiered model of service delivery in which each tier represents an increasingly intense level of services associated with increasing levels of learner needs. The system described in this manual reflects a three-tiered design. All multi-tiered systems, regardless of the number of levels chosen, should yield the same practical effects and outcomes.

In a RTI system, all students receive instruction in the core curriculum supported by strategic and intensive interventions when needed. Therefore, all students, including those with disabilities, are found in Tiers I, II, and III. Important features, such as universal screening, progress monitoring, fidelity of implementation and problem solving occur within each tier. The basic tiered model reflects what we know about students in school: their instructional needs will vary. Thus, the nature of the academic or behavioral intervention changes at each tier, becoming more rigorous as the student moves through the tiers.

Tier I represents the largest group of students, approximately 80-90%, who are performing adequately within the core curriculum. Tier II comprises a smaller group of students, typically 5-10% of the student population. These students will need strategic interventions to raise their achievement to proficiency or above based on a lack of response to interventions at Tier I. Tier III contains the fewest number of students, usually 1-5%. These students will need intensive interventions if their learning is to be appropriately supported (Tilly, 2006).

- **Make data-based decisions.** Decisions within a RTI system are made by teams using problem solving and/or standard treatment protocol techniques. The purpose of these teams is to find the best instructional approach for a student with an academic or behavioral problem. Problem solving and standard treatment protocol decision making provide a structure for using data to monitor student learning so that good decisions can be made at each tier with a high probability of success. When using the problem solving method teams answer four interrelated questions: **(1)** Is there a problem and what is it? **(2)** Why is it happening? **(3)** What are we going to do about it? **(4)** Did our interventions work? (NASDSE, 2005) Problem solving and standard treatment protocol techniques ensure that decisions about a student's needs are driven by the student's response to high quality interventions.
- **Monitor progress frequently.** In order to determine if the intervention is working for a student, the decision making team must establish and implement progress monitoring. Progress monitoring is the use of assessments that can be collected frequently and are sensitive to small changes in student behavior. Data collected through progress monitoring will inform the decision making team whether changes in the instruction or goals are needed. Informed decisions about students' needs require frequent data collection to provide reliable measures of progress. Various curriculum-based measurements are useful tools for monitoring students' progress.